



Town Of Avon

Parking Clerk

Carl Fischer Parking Clerk

Hearing Request Form

Date: _____

| | | |
|--|--|--|
| | | |
|--|--|--|

Plate

State Type

| |
|--|
| |
|--|

Violation Number

Full Name _____ Telephone: _____

Address _____ Cell Phone _____

_____ Work/Office _____

_____ Email Address _____

Location of Violation:

Reason for dismissing or reducing ticket being appealed

Signature: _____

Date: _____

For Official use only:

Verdict: _____

Date Received: _____

Date of Hearing: _____

Mailed to:
150 Mail Street
Avon, MA 02322